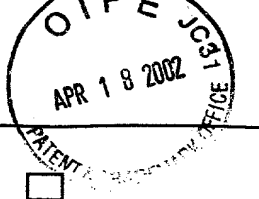


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Rec'd PCT/PTO 8 APR 2002
03/030761

PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Type a plus sign (+) inside this box -

0010/PTO Rev. 6/95 DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	H 3597 PCT/US
		First Named Inventor	WUELKNITZ, Peter
	COMPLETE IF KNOWN		
	Application Number	10/030,761	
	Filing Date		
	Group Art Unit		
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TOOTHBRUSH

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

04/19/2000

as United States Application Number or PCT International

Application Number

PCT/EP00/03535

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
199 19 196.4	Germany	04/28/1999	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

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DECLARATION

Page 2

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U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/03535	04/19/2000	

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As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label

OR

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke	21,062	Glenn E. J. Murphy	33,539
Kimberly R. Hild	39,224	Stephen D. Harper	33,243

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number ☐ or label **00423** OR ☐ Fill in correspondence address below

Name Glenn E. J. Murphy

Address Henkel Corporation - Patent Department

Address 2500 Renaissance Boulevard, Suite 200


City Gulph Mills State PA ZIP 19406

Country USA Telephone 610-278-4926 Fax 610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

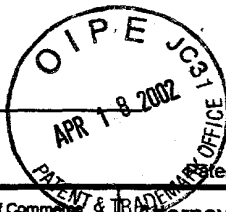
☐ A petition has been filed for this unsigned

Given Name	<u>Peter</u>	Middle Initial		Family Name	<u>WUELKNITZ</u>	Suffix e.g. Jr.	
Inventor's Signature					Date	<u>16.M.00</u>	
Residence: City	<u>Leichlingen</u>	State		Country	<u>Germany</u>	Citizenship	<u>Germany</u>
Post Office Address	<u>Im Erlengrund 9</u>						
Post Office Address							
City	<u>42799 Leichlingen</u>	State		Zip		Country	<u>Germany</u>
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Susanne	Middle Initial		Family Name	WITTIG	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Koeln	State		Country	Germany	Citizenship	Germany
Post Office Address	Auf dem Roemerberg 22						
Post Office Address							
City	40968 Koeln	State		Zip		Country	Germany
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Ruediger	Middle Initial		Family Name	VETTER	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Meliesallee 5						
Post Office Address							
City	40697 Duesseldorf	State		Zip		Country	Germany
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Yvette	Middle Initial		Family Name	KOSMETATOU	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Kifissia Athen	State		Country	Greece	Citizenship	Greece
Post Office Address	22, Strofilou Street						
Post Office Address							
City	GR-14561 Kifissia Athen	State		Zip		Country	Greece
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
						Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

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0010/PTO
Rev. 8/95

U.S. Department of Commerce
Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION



Declaration
Submitted
with Initial Filing

OR



Declaration
Submitted after
Initial Filing

Attorney Docket
Number

H 3597 PCT/US

First Named
Inventor

WUELKNITZ, Peter

COMPLETE IF KNOWN

Application Number

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Group Art Unit

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the specification of which



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☐ Firm Name Customer Number or label
OR
☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke	21,062	Glenn E. J. Murphy	33,539
Kimberly R. Hild	39,224	Stephen D. Harper	33,243

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label 00423 OR ☐ Fill in correspondence address below

Name	Glenn E. J. Murphy		
Address	Henkel Corporation - Patent Department		
Address	2500 Renaissance Boulevard, Suite 200		
City	Gulph Mills	State	PA
Country	USA	Telephone	610-278-4926
		Fax	610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned

Given Name	Peter	Middle Initial		Family Name	WUELKNITZ	Suffix e.g. Jr.	
------------	-------	----------------	--	-------------	-----------	-----------------	--

Inventor's Signature Date

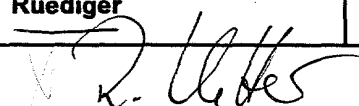
Residence: City	Leichlingen	State		Country	Germany	Citizenship	Germany
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Post Office Address

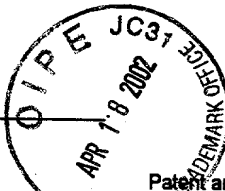
Post Office Address

City	42799 Leichlingen	State		Zip		Country	Germany	Applicant Authority	
------	-------------------	-------	--	-----	--	---------	---------	---------------------	--

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Susanne	Middle Initial		Family Name	WITTIG	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Koeln	State		Country	Germany	Citizenship	Germany
Post Office Address	Auf dem Roemerberg 22						
Post Office Address							
City	40968 Koeln	State		Zip		Country	Germany
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Ruediger	Middle Initial		Family Name	VETTER	Suffix e.g. Jr.	
Inventor's Signature					Date	2/11/01	
Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
Post Office Address	Meliesallee 5						
Post Office Address							
City	40697 Duesseldorf	State		Zip		Country	Germany
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Yvette	Middle Initial		Family Name	KOSMETATOU	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Kifissia Athen	State		Country	Greece	Citizenship	Greece
Post Office Address	22, Strofilou Street						
Post Office Address							
City	GR-14561 Kifissia Athen	State		Zip		Country	Greece
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
						Applicant Authority	
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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Rev. 6/95

U.S. Department of Commerce
Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing

Attorney Docket Number

H 3597 PCT/US

First Named Inventor

WUELKNITZ, Peter

COMPLETE IF KNOWN

Application Number

10/030,761

Filing Date

Group Art Unit

Examiner Name

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The specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
199 19 196.4	Germany	04/28/1999	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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☒ List Attorney(s) and/or agent(s) name and registration number below:

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Kimberly R. Hild	39,224	Stephen D. Harper	33,243

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label **00423** OR ☐ Fill in correspondence address below

Name	Glenn E. J. Murphy		
Address	Henkel Corporation - Patent Department		
Address	2500 Renaissance Boulevard, Suite 200		
City	Gulph Mills	State	PA
Country	USA	Telephone	610-278-4926
		Fax	610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned

Given Name	Peter	Middle Initial		Family Name	WUELKNITZ	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Leichlingen	State		Country	Germany	Citizenship	Germany
Post Office Address	Im Erlengrund 9						
Post Office Address							
City	42799 Leichlingen	State		Zip		Country	Germany
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Susanne	Middle Initial		Family Name	WITTIG	Suffix e.g. Jr.	
------------	---------	----------------	--	-------------	--------	-----------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City	Koeln	State		Country	Germany	Citizenship	Germany
-----------------	-------	-------	--	---------	---------	-------------	---------

Post Office Address	Auf dem Roemerberg 22
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Post Office Address	
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City	40968 Koeln	State		Zip		Country	Germany	Applicant Authority	
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Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Ruediger	Middle Initial		Family Name	VETTER	Suffix e.g. Jr.	
------------	----------	----------------	--	-------------	--------	-----------------	--

Inventor's Signature		Date	
----------------------	--	------	--

Residence: City	Duesseldorf	State		Country	Germany	Citizenship	Germany
-----------------	-------------	-------	--	---------	---------	-------------	---------

Post Office Address	Meliesallee 5
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Post Office Address	
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City	40597 Duesseldorf	State		Zip		Country	Germany	Applicant Authority	
------	-------------------	-------	--	-----	--	---------	---------	---------------------	--

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name	Yvette	Middle Initial		Family Name	KOSMETATOU	Suffix e.g. Jr.	
------------	--------	----------------	--	-------------	------------	-----------------	--

Inventor's Signature		Date	23.11.2001
----------------------	--	------	------------

Residence: City	Kifissia Athen	State		Country	Greece	Citizenship	Greece
-----------------	----------------	-------	--	---------	--------	-------------	--------

Post Office Address	22, Strofiliou Street
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Post Office Address	
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City	GR-14561 Kifissia Athen	State		Zip		Country	Greece	Applicant Authority	
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Inventor's Signature		Date	
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Residence: City		State		Country		Citizenship	
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP00/03535	04/19/2000	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label
OR
☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Wayne C. Jaeschke	21,062	Glenn E. J. Murphy	33,539
Kimberly R. Hild	39,224	Stephen D. Harper	33,243

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number or label 00423 OR ☐ Fill in correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned

Given Name	Peter	Middle Initial		Family Name	WUELKNITZ	Suffix e.g. Jr.	
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Post Office Address							
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				Applicant Authority			

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet						
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
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Inventor's Signature								Date	13. 11. 2001							
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Post Office Address	Auf dem Roemerberg 22															
Post Office Address																
City	40968 Koeln				State			Zip			Country	Germany		Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name	Ruediger				Middle Initial			Family Name	VETTER			Suffix e.g. Jr.				
Inventor's Signature								Date								
Residence: City	Duesseldorf				State			Country	Germany		Citizenship	Germany				
Post Office Address	Meliesallee 6															
Post Office Address																
City	40597 Duesseldorf				State			Zip			Country	Germany		Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
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Inventor's Signature								Date								
Residence: City	Kifissia Athen				State			Country	Greece		Citizenship	Greece				
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Post Office Address																
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Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor										
Given Name					Middle Initial			Family Name				Suffix e.g. Jr.				
Inventor's Signature								Date								
Residence: City					State			Country			Citizenship					
Post Office Address																
Post Office Address																
City					State			Zip			Country			Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																